

**McEWEN ENGINEERING
AND MINING CONSULTANT, INC.**

P.O. BOX 27
BEAVER DAM, KENTUCKY 42320
(270) 274-3356



August 4, 2009

Division of Water, KPDES Branch
Inventory & Data Section
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Retiki Mine Sewage Lagoon
Rising Sun Resources, LLC.

Enclosed is a renewal application for Rising Sun Resources, LLC. KPDES Permit No. KYO023141, which is located on the old Retiki Mine site in Henderson, KY.

Enclosed is site process information with K.P.D.E.S. permit application (Form 1 and Forms C).

The application fee of \$300.00 is included in the application.

Should you have nay comments or questions concerning the information enclosed, please contact me at (270) 274-3356.

Sincerely,

Stephen P. McEwen, P.E.

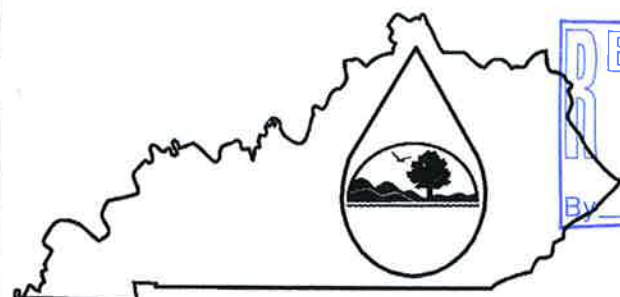
lv

KPDES FORM 1

AI # 1832

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 300-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0023141
A. Name of Business, Municipality, Company, Etc. Requesting Permit Rising Sun Resources, LLC.			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: Rising Sun Resources, LLC.		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> P. Ron Siler	
Facility Location Address (i.e. street, road, etc., not P.O. Box): 5967 Airline Road		Mailing Address: 5967 Airline Road	
Facility Location City, State, Zip Code: Henderson, KY 42320		Mailing City, State, Zip Code: Hederson, KY 42320	
D. Owner's name (if not the same as in part A and C):		Facility Contact Telephone Number: (270) 827-9838	
Owner's Mailing Address:		Owner's Telephone Number (if different):	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Sanitary wastewater for office and maintenance facility.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1241 - Bathhouse		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Henderson	City where facility is located (if applicable): Henderson
C. Body of water receiving discharge: Elam Ditch	
D. Facility Site Latitude (degrees, minutes, seconds): 37°-48'-31"	Facility Site Longitude (degrees, minutes, seconds): 87°-32'-33"
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Luther Smith		Telephone Number: (270) 724-9384
Operator Mailing Address (Street): 334 Hearthstone Lane		
Operator Mailing Address (City, State, Zip Code): Henderson, KY 42420		
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: WW Treatment I		Certification Number: 5415

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: KY0023141	Kentucky DSMRE Permit Number(s): N/A	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Rising Sun Resources, LLC.
DMR Official Telephone Number:	Ron Siler

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Ron Siler
DMR Mailing Address:	5968 Airline Road
DMR Mailing City, State, Zip Code:	Henderson, KY 42420

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Intermediate Non-POTW

Filing Fee Enclosed:

300.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Mr. P. Ron Siler, General Manager

SIGNATURE



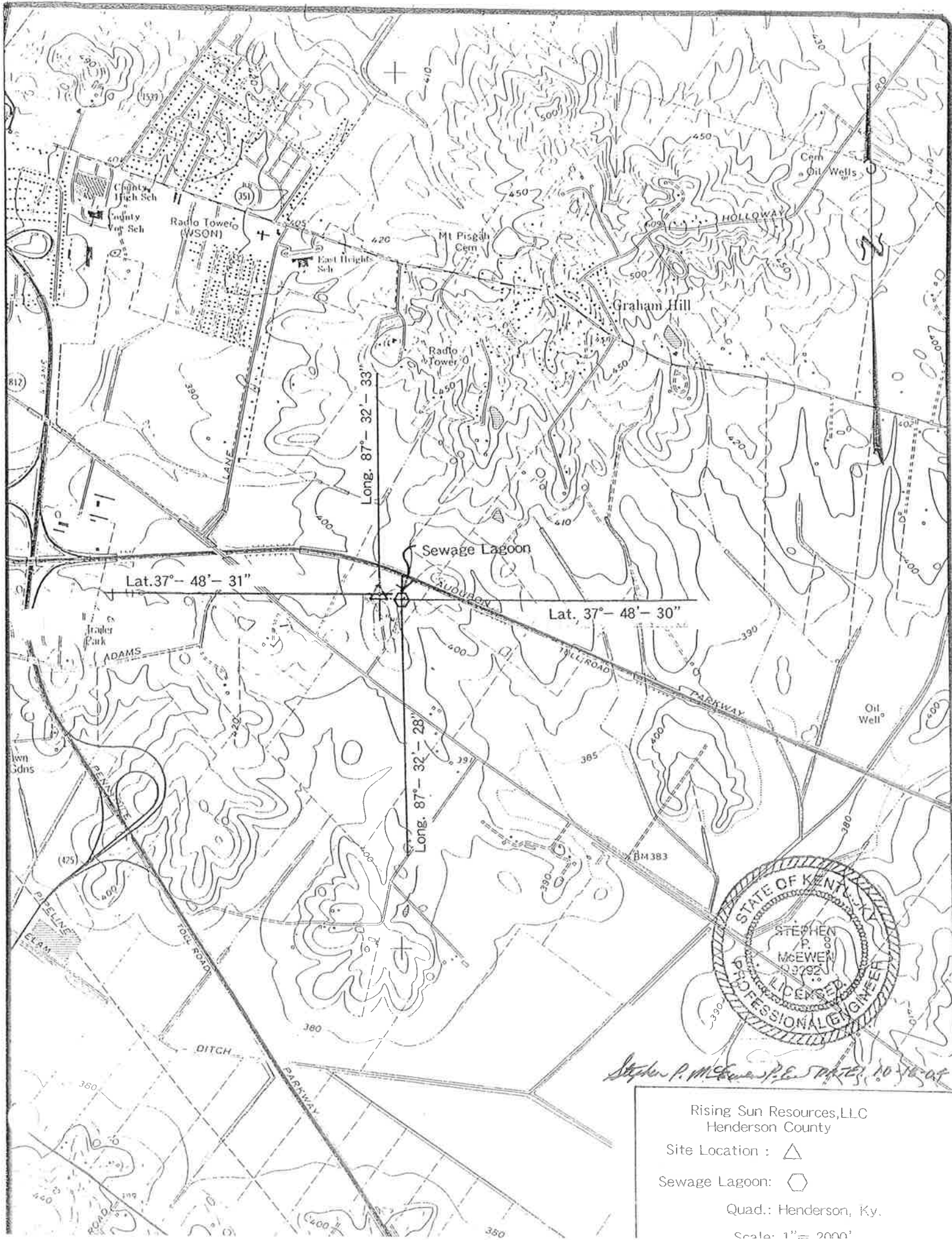
TELEPHONE NUMBER (area code and number):

(270) 827-9838

DATE:

07-31-09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



Rising Sun Resources, LLC
Henderson County

Site Location : 

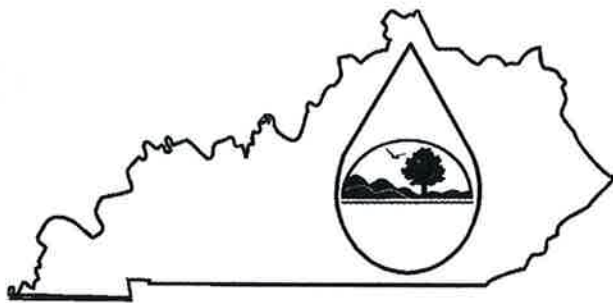
Sewage Lagoon: 

Quad.: Henderson, Ky.

Scale: 1" = 2000'

KPDES FORM SC

AI # 1832



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	2	3	1	4	1
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many discharges per week?				N/A							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The lagoon was designed for coal employees bath house and toilet facility. This coal mine no longer produces and has shut down. The treatment lagoon now receives from bathroom facility from 4 employees (maximum).											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	48	30	87	32	28	Elam Ditch

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	
---	--

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sewage Lagoon			3-B

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☒ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**A. Number of bypass points:**

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
N/A	
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	14 mg/l	N/A	1
TOTAL SUSPENDED SOLIDS	2100 mg/l	N/A	1
FECAL COLIFORM	120 cfu /a00 ml	N/A	1
TOTAL RESIDUAL CHLORINE	1.99 mg/l	N/A	1
OIL AND GREASE	<1.4 mg/l	N/A	1
CHEMICAL OXYGEN DEMAND	99 mg/l	N/A	1
TOTAL ORGANIC CARBON	11.9 mg/'	N/A	1
AMMONIA	1.1 mg/l	N/A	1
DISCHARGE FLOW	0.0065 mgd	N/A	1
pH	7.4	N/A	1
TEMPERATURE (WINTER)	N/A	N/A	1
TEMPERATURE (SUMMER)	23°	N/A	N/A

B. Frequency and duration of flow:	N/A
------------------------------------	-----

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> P. Ron Siler, General Manager	(270) 827-9838
SIGNATURE	DATE
<i>P. Ron Siler</i>	08-10-09